

# Insert Local Program Information Here

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*A program certified by the Massachusetts Department of Public Health*

## Early Intervention Evaluation/Assessment

### Prior Written Notice and Consent

An Evaluation determines if your child is eligible for Early Intervention (EI). An evaluation may include a review of records, a parent interview, and the administration of formal and informal developmental tools. Eligibility for Early Intervention is determined when your child is referred. Every child can receive an evaluation free at a parent's request. The team will look at your child's cognitive, physical, communication, adaptive/self help and social/emotional development. We encourage you to participate as a member of the evaluation team. The evaluation tools and process are approved by DPH to determine eligibility. The team may ask to look at medical, developmental or birth records. You choose the information you want to share with the EI team. If you agree to only parts of the evaluation the EI staff may not be able to determine if your child is eligible. For example, if you agree to provide information about your child's birth and medical history but not to have an evaluation, the EI staff may not be able to determine eligibility.

An assessment gathers information about you child and/or family. It is a way to look at the ongoing strengths and needs of you child. It can show how your child is making progress, developing skills and how EI services and supports can help. An assessment can look at a child's skills (For example, how a child is eating, how many words he or she knows and uses, or how a child uses his/her muscles to move). Assessments can happen at the same time as an evaluation. This is called an "evaluation/assessment". Even though an assessment and evaluation may look the same, an assessment can happen anytime and does not determine eligibility for Early Intervention.

Early Intervention is a voluntary program. Your consent is needed for the evaluation/assessment. "Consent" means that you agree to the evaluation and/or assessment.

Action Proposed:	Appointment:	Early Intervention Staff
<input type="checkbox"/> An <b>Evaluation</b> to determine eligibility.	_____ Date	_____ Name/discipline
<input type="checkbox"/> An <b>Assessment</b> to determine strengths and needs. <u>What will be assessed?</u>	_____ Time	_____ Name/discipline
	_____ Location	_____ Name/discipline
	Please call the office if you need to reschedule this appointment	_____ Name/discipline

Please read the ***Massachusetts Early Intervention and You*** family rights notice that will be given to you. The EI staff will be glad to answer any questions you have about this visit.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

The cost of an evaluation is covered by your insurance, Mass Health or the Department of Public Health. There is no cost to families for an EI evaluation.

Date mailed:

Date Delivered:

Staff Initials:

*Early Intervention programs in Massachusetts are certified by the Massachusetts Department of Public Health*

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